

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	D		6/8/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	6/16/99
1	6/16/99
2	6/16/99
3	6/16/99
4	6/16/99
5	6/16/99
6	6/16/99
7	6/16/99
8	6/16/99
9	6/16/99
10	6/16/99
11	6/16/99
12	✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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